### **EMPLOYMENT OPPORTUNITY**



20 East Sixth Street · Tempe, Arizona 85281 · 480/350-8276 · TDD 480/350-8400 http://www.tempe.gov Committed to Equal Opportunity and Reasonable Accommodation

#### **ASSISTANT CITY ATTORNEY**

(Assistant City Prosecutor - City Prosecutor's Office)

The current vacancy is within the City Prosecutor's Office.

**OPENING DATE:** June 26, 2006

**CLOSING DATE:** Open until the needs of the City are met. First review of applications will be

Monday, July 10, 2006; position may close at that time.

#### **ANNUAL SALARY RANGE**

\$70,447 - \$110,358

Currently this position is classified as FLSA Exempt – <u>not</u> eligible for overtime compensation.

#### MINIMUM QUALIFICATIONS

Requires the equivalent of one year of full-time, responsible legal experience in criminal or civil litigation. Some trial work and legal research experience is desirable. Also, requires the equivalent to a Juris Doctorate from an accredited law school and membership in the State Bar of Arizona.

#### POSITION INFORMATION

Initial assignment will be within the Criminal Division of the City Attorney's Office to provide prosecutorial support to the City Prosecutor. The Assistant City Attorney classification encompasses both the entry-level and full journey-level positions in a generalist capacity. Although the initial assignment will be within the City Prosecutor's Office, future opportunity may be available for the selected candidate to perform both civil and criminal legal responsibilities. In most cases, initial hire will be at the minimum salary. If requesting veteran's preference, the appropriate DD214 must be attached at the time of application.

#### REPRESENTATIVE DUTIES

- Prosecute traffic, criminal code and zoning violations and parable cases in City courts; prepare legal pleadings; research technical and scientific aspects of evidence; negotiate plea agreements; formulate trial strategies; and, interview and prepare witnesses to testify at trial.
- Contact attorneys and defendants regarding pending cases; collect and provide discoveries to defendants and defense attorneys; determine amounts and appropriateness of restitution to be paid by defendant to victims of crimes; monitor compliance with ordered restitution payment; determine terms and conditions of probation; and, monitor compliance.
- May represent the City in civil litigation in State and Federal court; prepare pleadings, substantive and procedural motions, discovery and trial exhibits and filings; try cases until dismissed, settled or determined by court or jury; represent the City in State and Federal Appellate court and in arbitration matters; perform legal research; prepare appellate briefs and oral arguments.
- Perform related criminal and civil responsibilities, as assigned.
- For the complete job description go to: <a href="http://tempe.gov/hrcc/docs/">http://tempe.gov/hrcc/docs/</a>.

#### **SELECTION CRITERIA**

Applicants whose experience and training most closely suit the needs of the City may be selected for further testing/interviews. The City of Tempe conducts thorough background checks. Falsifying information or lying during any stage of the selection/hiring process will make you ineligible for new or continued City employment.

RECRUITMENT CODE: 2078 TLM/pmm

# Assistant City Attorney (Assistant City Prosecutor) Supplemental Written Questions

Please complete the supplemental questions. Applications returned without the completed supplemental questions will not be given further consideration.

Each supplemental question focuses on a particular area of responsibility associated with critical job functions of the Assistant City Attorney position, more specifically, prosecution responsibilities. This supplement is designed to allow you an opportunity to highlight your experience as it relates to each of these vital areas. Since this is part of the selection process, it is to your advantage to fully and accurately provide the information requested.

#### **DIRECTIONS:**

Each answer should be typed.

Along with each response, please include the following when discussing your experience:

- Your employer(s) name
- Your job title(s) at the time
- Overall length of experience in years / months
- 1. Describe your jury and/or non-jury trial experience.
- Describe your experience (prosecution or defense) in handling criminal cases.
- 3. Describe your experience (prosecution or defense) in handling D.U.I. cases.
- 4. Describe any experience with civil litigation activities.

City of Tempe / Human Resources / 20 East Sixth Street / Tempe AZ 85281 / (480) 350-8276 / TDD (480) 350-8400 / http://www.tempe.gov

#### The City of Tempe is an Equal Opportunity / Reasonable Accommodation Employer.

The City of Tempe Promotes a Drug and Alcohol Free Workplace.

#### **DIRECTIONS:**

Read the recruitment bulletin before completing this application - request a copy if not provided. Answer all questions completely including any supplemental forms. Type or print neatly in black ink. Sign this application and all other forms. Any omission, misstatement, or falsification may be cause for rejection of this application, removal of your name from an eligibility list, or discharge from City Service.

| ,   | <u> </u>   |
|-----|--|
| 1.  | Position Applying For: Recruitment Code (RC#):   |
| 2.  | Name (Last, First, Middle Initial):  |
| 3.  | Social Security Number:  |
| 4.  | Mailing Address: Street Address City State Zip   |
| 5.  | Phone Number: HOME: WORK:  |
| 6.  | Driver's License (Number, State, Class):   |
| 7.  | Are you a U.S. Citizen or a non-U.S. Citizen authorized to work in the United States? Yes No   |
| 8.  | Have you ever worked for the City of Tempe? Yes No If Yes, from (Mo/Yr) to (Mo/Yr  |
|     | If you are a current City of Tempe employee, are you: Temporary? Regular?  |
|     | Have you completed your initial six (6) month probationary period? Yes No  |
| 9.  | To assist us with verifying previous work experience and /or education, please list other names you have gone by:  |
| 10. | Type of position you will accept: Full Time Part Time Regular Temporary  |
| 11. | Are you claiming Civil Service Preference for Veteran's under ARS 38-492:  |
|     | <ul> <li>As a qualified or disabled veteran? Yes No If yes, you must submit Form DD214, or certification from the Veteran's Administration.</li> <li>As a spouse of an eligible veteran pursuant to ARS 38-492(D)? Yes No If yes, you must submit Form DD214, or certification from the Veteran's Administration.</li> </ul> |
| 12. | Are you related to any member of the Tempe City Council or any Tempe Commission/Board Member, or any City of Tempe employee? Yes No If Yes, indicate his/her Name, Position, and Relationship to you:  |
|     | DO NOT WRITE BELOW THIS LINE - TURN PAGE AND CONTINUE  |
|     | Q NQ A B C Application Entered HR Review Department Review Date  |

13. Do you have a High School Diploma or a G.E.D.? Yes No

14. Education from an Accredited College/University:

| College: | Major: | Type of Degree: | Degree Completed: | Credit Hours: |
|----------|--------|-----------------|-------------------|---------------|
|          |        |                 | Yes No            |               |

15. Trade and/or Technical Schools:

| Trade/Technical School: | Subject Studied: | Type of Degree: | Degree Completed: | Credit Hours: |  |
|-------------------------|------------------|-----------------|-------------------|---------------|--|
|                         |                  |                 | Yes No            |               |  |
|                         |                  |                 | Yes No            |               |  |

16a. Professional Registration(s), License(s), and/or Certification(s) you possess that relate to this position:

| Type of Professional Registration, License, and/or Certification: | License<br>Number<br>(if applicable): | Date Received: | Expiration<br>Date<br>(if applicable): |
|---|---------------------------------------|----------------|--|
|   |                                       |                |  |
|   |                                       |                |  |

| _1 | 6b. Special training that relates to this position: |  |
|----|---|--|
|    |   |  |
|    |   |  |
|    |   |  |

| 17. List computer software program(s) with which you are proficient in operating that relate to this position: |
|--|
|--|

| 18 | 8. List equipment with which you are proficient in operating <i>that relate to this position</i> : |  |
|----|--|--|
|    |  |  |
|    |  |  |
|    |  |  |

19. Language Proficiency (Other than English):

| Language: | Speak: | Read:  | Write: |
|-----------|--------|--------|--------|
|           | Yes No | Yes No | Yes No |
|           | Yes No | Yes No | Yes No |
|           | Yes No | Yes No | Yes No |

20. May we contact your current employer if you are considered for hire/promotion? Yes No

#### You may make copies and use as many of these sheets as necessary to continue your employment history.

Begin with your present or most recent position. List all jobs, paid or volunteer, for at least the past ten years. Your qualifications will be evaluated **solely** on the application form and, if applicable, any supplemental questionnaire(s).

RESUMES MAY **NOT** BE SUBSTITUTED FOR THE REQUESTED INFORMATION.

#### DO NOT WRITE "SEE RESUME" IN THE SPACES BELOW.

| Employer:                      |            |         | Type of Business:               |         |     |  |
|--------------------------------|------------|---------|---------------------------------|---------|-----|--|
| Address:                       | Phone:     |         |                                 |         |     |  |
| Job Title:                     |            |         | Number of Employees Supervised: |         |     |  |
| Supervisor (Name/Title/Phone): |            |         |                                 |         |     |  |
| Employment Dates: from         | (Mo/Yr) to | (Mo/Yr) | Total Time Employed:            | Yrs     | Mos |  |
| Hours Per Week:                |            |         | Present/Ending Wage: \$         |         | Per |  |
| Work Performed:                |            |         |                                 |         |     |  |
|                                |            |         |                                 |         |     |  |
|                                |            |         |                                 |         |     |  |
|                                |            |         |                                 |         |     |  |
| Reason for Leaving:            |            |         |                                 |         |     |  |
| Employer:                      |            |         | Type of Business:               |         |     |  |
| Address:                       |            |         | Phone:                          |         |     |  |
| Job Title:                     |            |         | Number of Employees Super       | rvised: |     |  |
| Supervisor (Name/Title/Phone): |            |         |                                 |         |     |  |
| Employment Dates: from         | (Mo/Yr) to | (Mo/Yr) | Total Time Employed:            | Yrs     | Mos |  |
| Hours Per Week:                |            |         | Ending Wage: \$                 | Per     |     |  |
| Work Performed:                |            |         |                                 |         |     |  |
|                                |            |         |                                 |         |     |  |
|                                |            |         |                                 |         |     |  |
|                                |            |         |                                 |         |     |  |
| Reason for Leaving:            |            |         |                                 |         |     |  |
| Employer:                      |            |         | Type of Business:               |         |     |  |
| Address:                       |            |         | Phone:                          |         |     |  |
| Job Title:                     |            |         | Number of Employees Super       | rvised: |     |  |
| Supervisor (Name/Title/Phone): |            |         |                                 |         |     |  |
| Employment Dates: from         | (Mo/Yr) to | (Mo/Yr) | Total Time Employed:            | Yrs     | Mos |  |
| Hours Per Week:                |            |         | Ending Wage: \$                 | Per     |     |  |
| Work Performed:                |            |         |                                 |         |     |  |
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|                                |            |         |                                 |         |     |  |
| Reason for Leaving:            |            |         |                                 |         |     |  |

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|--------------------------------|------------|---------|---------------------------------|----------|-----|--|
| Address:                       | Phone:     |         |                                 |          |     |  |
| Job Title:                     |            |         | Number of Employees Supervised: |          |     |  |
| Supervisor (Name/Title/Phone): |            |         |                                 |          |     |  |
| Employment Dates: from         | (Mo/Yr) to | (Mo/Yr) | Total Time Employed:            | Yrs      | Mos |  |
| Hours Per Week:                |            |         | Present/Ending Wage: \$         |          | Per |  |
| Work Performed:                |            |         |                                 |          |     |  |
|                                |            |         |                                 |          |     |  |
|                                |            |         |                                 |          |     |  |
|                                |            |         |                                 |          |     |  |
| Reason for Leaving:            |            |         |                                 |          |     |  |
| Employer:                      |            |         | Type of Business:               |          |     |  |
| Address:                       |            |         | Phone:                          |          |     |  |
| Job Title:                     |            |         | Number of Employees Supe        | ervised: |     |  |
| Supervisor (Name/Title/Phone): |            |         |                                 |          |     |  |
| Employment Dates: from         | (Mo/Yr) to | (Mo/Yr) | Total Time Employed:            | Yrs      | Mos |  |
| Hours Per Week:                |            |         | Ending Wage: \$                 | Per      |     |  |
| Work Performed:                |            |         |                                 |          |     |  |
|                                |            |         |                                 |          |     |  |
|                                |            |         |                                 |          |     |  |
|                                |            |         |                                 |          |     |  |
| Reason for Leaving:            |            |         |                                 |          |     |  |
| Employer:                      |            |         | Type of Business:               |          |     |  |
| Address:                       |            |         | Phone:                          |          |     |  |
| Job Title:                     |            |         | Number of Employees Supe        | ervised: |     |  |
| Supervisor (Name/Title/Phone): |            |         |                                 |          |     |  |
| Employment Dates: from         | (Mo/Yr) to | (Mo/Yr) | Total Time Employed:            | Yrs      | Mos |  |
| Hours Per Week:                |            |         | Ending Wage: \$                 | Per      |     |  |
| Work Performed:                |            |         |                                 |          |     |  |
|                                |            |         |                                 |          |     |  |
|                                |            |         |                                 |          |     |  |
|                                |            |         |                                 |          |     |  |
| Reason for Leaving:            |            |         |                                 |          |     |  |

| Employer:  |  |   | Type of Business:   |  |  |
|--|--|---|---|--|--|
| Address:   |  |   | Phone:  |  |  |
| Job Title:   |  |   | Number of Employees Su  | pervised:                                    |  |
| Supervisor (Name/Title   | /Phone):   |   |   |  |  |
| Employment Dates: fro  | om (Mo/Yr) to  | (Mo/Yr)   | Total Time Employed:  | Yrs  | Mos  |
| Hours Per Week:  |  |   | Ending Wage: \$   | Per  |  |
| Work Performed:  |  |   |   |  |  |
| Reason for Leaving:  |  |   |   |  |  |
| ·  | en requested or forced to re please explain:   | esign from a pos  | sition for misconduct or unsa   | atisfactory ser                              | vice?                                      |
|  |  |   |   |  |  |
|  | een convicted of a <i>misdem</i><br>r given a suspended sentend  |   |   | affic offenses)                              | , placed on                                |
|  | nit-and-run, D.U.I., excessive speed<br>iolations (including minor/civil offen   |   |   | traffic offenses.                            | Moreover, an                               |
| Yes No If Yes,   | provide charges, dates and   | locations:  |   |  |  |
|  |  |   |   |  |  |
|  | automatically bar an app<br>job, as well as its severi   | •   |   |  | •  |
| PLEASE   | READ THIS STATEMENT AND C  | AREFULLY REVIE  | W YOUR ENTIRE APPLICATION   | I MATERIAL .                                 |  |
| and complete. I under<br>application, removal of<br>any individual, compan<br>me on this application | ents made on the application erstand that any omission, my name from an eligibility y, organization, or institution, and I do hereby release a ver incurred in furnishing successions. | misstatement,<br>v list(s), and/or on<br>to release any<br>all parties and in | or falsification may be cadischarge from City Service and all information concern | nuse for rejecte. In addition, ning statemen | tion of this<br>I authorize<br>its made by |
| By checking<br>the above p   | g this box and typing your na<br>paragraph.  | ame below, you  | certify that you have read a  | and understan                                | ıd   |
| Prin   | t Applicant's Name:  |   | Date  |  |  |
|  |  |   |   |  |  |
| Anr  | dicant Signature   |   | Date  |  |  |



## **Voluntary Employment Data Record**

Completing ethnicity, gender, age and disability information is OPTIONAL; it is used for statistical reporting purposes only. It is NOT disclosed to the hiring department.

| Position A | pplied for:       |             | RC#:         |  |
|------------|-------------------|-------------|--------------|--|
| Name:      |                   |             | Date:        |  |
| l          | _ast              | First       |              |  |
| Gender:    | Female            | Male        |              |  |
| Disabled:  | Yes               | No          |              |  |
| Ethnic Gro | oup:              |             | Age Group:   |  |
| ,          | White             |             | 16 and under |  |
|            | Black             |             | 17 – 20      |  |
|            | Hispanic          |             | 21 – 29      |  |
|            | Asian             |             | 30 – 39      |  |
|            | American Indian   |             | 40 +         |  |
|            | Other             |             |              |  |
| Highest g  | rade completed: _ |             |              |  |
| How did v  | ou hear about thi | s position: |              |  |